

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. _____	FILING DATE _____					
							APPLICANT(S) _____						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2	/		/		/		52						
3		/		/		/	53						
4		/		/		/	54						
5		2		2		1	55						
6		/		/		/	56						
7		/		/		/	57						
8		/		/		/	58						
9		/		/		/	59						
10		2		2		2	60						
11		2		2		2	61						
12		2		2		2	62						
13		2		2		2	63						
14		2		2		2	64						
15		2		2		2	65						
16		2		2		2	66						
17	/		/		/		67						
18		/		/		/	68						
19		/		/		/	69						
20		/		/		/	70						
21				/		/	71						
22				/		/	72						
23				/		/	73						
24				/		/	74						
25			/		/		75						
26			/		/		76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		4		4		TOTAL IND.						
TOTAL DEP.	25		25		20		TOTAL DEP.						
TOTAL CLAIMS	38		29		24		TOTAL CLAIMS						